

Request for Support to Attend AP 1-2 Day Training

Please return this completed form, with your registration form, to Sheila Cerda at CAC (414-9875 fax)

Support to attend a College Board Pre-AP/AP conference is available through the Dept. of Advanced Academic Services. This form must be submitted a minimum of three weeks prior to the conference in order to allow time for processing. Forms without the signature of the principal will be returned. Upon completion of training, teachers must submit a certificate of attendance to the Dept. of Advanced Academic Services. **Please note that if Advanced Academic Services pays for your registration and you decide not to attend, you will be asked to reimburse the department the amount paid for your registration.**

****Please attach a completed registration form for the training for which you are requesting support.****

Name: _____ Campus: _____

Subject(s) Assigned: _____ Grade Level(s): _____

Pre-AP Course(s) Currently Teaching: _____ Enrollment: _____

AP Course(s) Currently Teaching: _____ Enrollment: _____

Number of Students Enrolled in Each Course: _____

What percentage of your students took AP exams in May of 2008? _____

What year did you last attend a week-long summer Pre-AP/AP Institute? _____

Subject Area: _____ Pre-AP or AP? _____

When did you last attend a one or two day Pre-AP/AP Conference? _____

Subject Area: _____ Pre-AP or AP? _____

What was the source of funding for your last Pre-AP/AP training?

___ Personal funds ___ Campus funds ___ Grant funds ___ Advanced Academic Services

Priorities: General

Priority for support will be given to those teachers who have completed a week-long summer AP Institute within the last five years and to teachers that completed their first AP Institute this summer. Priority will also be given to teachers that demonstrate cost efficiency through car-pooling, sharing rooms, and other means of cutting attendance costs.

Substitute costs are the responsibility of the campus.

Signature and Principal Recommendation:

I understand that if the Dept. of Advanced Academic Services pays for conference registration and I do not attend, either the campus or I will be asked to reimburse the Dept. of Advanced Academic Services.

EIN _____

Teacher Signature

I support this staff member attending the requested conference and will cover the cost of a substitute if needed. I also understand that if the Dept. of Advanced Academic Services pays for conference registration and the teacher does not attend, either the campus or the teacher will be asked to reimburse the Dept. of Advanced Academic Services.

Principal's Signature

Please complete this page if you are requesting support to attend a conference outside of Austin.

Indicate below cost estimates for your attendance and means by which you will be keeping the costs to a minimum.

Travel expense:

Round trip mileage from _____ to _____ is _____ miles

___ I will be carpooling with the following individual(s):

Name of Driver: _____

Hotel expense (if approved - we will cover up to \$85 for an individual room per night):

Hotel room rate: \$ _____ x _____ days

___ I will be sharing a room with the following individual who will share the hotel cost up to \$85 per person per night:

Meal expense (**original itemized receipts required**): maximum meal allowance per full day is \$36.00.

If a meal is provided by the conference, please take advantage of any meals covered by your registration fee.